PATENT APPLICATION FEE DETERMINATION RECORD

Application or	Docket	Number
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NAD -213.1

Effective October 1, 2000					NAD-213.1						
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALI TYPE	ENTITY			R THAN		
T	OTAL CLAIM	S	11			41111121			OF		ENTITY
FOR		NUMBE	NUMBER FILED		BER EXTRA	RAT BASIC			RATE	FEE	
TOTAL CHARGEARIE OLANG			 		SZ IHA	BASIC	FEE 355.0	OF	BASIC FEI	710.00	
				ninus 20=	•	7	X\$ 9	$= \bigcirc$	OF	X\$18=	
INDEPENDENT CLAIMS			<i>U</i>	minus 3 =	Ĺ	<u></u>	X40:		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						+135	_ /				
* If the difference in column 1 is less than zero, enter "0" in column 2								OR			
CLAIMS AS AMENDED - PART II							TOTA	ککیا ۔	OR		L
_		(Column 1)		(Colum		(Column 3)	SMAL	L ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL
Ž	Total	•	Minus	**		=	X\$ 9=			X\$18=	FEE
ME	Independent		Minus	***		=			OR		
_	FIRST PRES	ENTATION OF MU	JLTIPLE DI	EPENDENT	CLAIM		X40=	 	OR	X80=	
•	•						+135=		OR	+270=	
							TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)			.,	NODIT. PEC	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=	X40=		1		
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT (CLAIM		7,40=	 -	OR	X80≃	
							+135=		OR	+270=	
							TOTAL ADDIT, FEE		OR A	TOTAL DDIT. FEE	
7		(Column 1) CLAIMS	100	(Column		(Column 3)					
AMENDWEN		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		=	X\$ 9=			X\$18=	FEE
	Independent		Minus	***		==	— —	 	OR		
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT C	LAIM		X40=	 	OR	X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL											
••••!t	the "Highest Nur	mber Previously Paid mber Previously Paid ber Previously Paid	J For" IN THI	IS SPACE is le	ess than	20, enter "20."	TOTAL ADDIT. FEE ound in the ap		OR AI	TOTAL DDIT. FEE	